To: Prospective Applicants for an LPDES Water Discharge Permit associated with Oil Field Service Companies

Attached is an application to discharge Oil Field Service and Associated Wastewaters (OSC-2), authorized pursuant to EPA's delegated NPDES program under the Clean Water Act. To be considered complete, every item on the form must be addressed and the SIGNATORY AND AUTHORIZATION page signed by an authorized agent. If an item does not apply, please enter "NA" (for not applicable) to show that the item was considered.

Three copies (one original and two copies) of your completed application, each with a marked U.S.G.S. Quadrangle map or equivalent attached, should be submitted to:

Department of Environmental Quality
Office of Environmental Services
Post Office Box 4313
Baton Rouge, LA 70821-4313
Attention: Permits Division

Please be advised that completion of this application may not fulfill all state, federal, or local requirements for facilities of this size and type.

According to L. R. S. 48:385, any discharge to a state highway ditch, cross ditch, or right-of-way shall require approval from:

Louisiana DOTD Office of Highways Post Office Box 94245 Baton Rouge, LA 70804-9245 (225) 379-1301	AND	Louisiana DHH Office of Public Health 6867 Bluebonnet Road, Box 7 Baton Rouge, LA 70810 (225) 765-5044

In addition, the plans and specifications for sanitary treatment plants must be approved by the Louisiana DHH, Office of Public Health at the address above.

A copy of the LPDES regulations may be obtained from the Department's website at http://www.deq.state.la.us/planning/regs/index.htm or by contacting the Office of Environmental Assessment, Regulations Development Section, Post Office Box 4314, Baton Rouge, Louisiana 70821-4314, phone (225) 219-3550.

If you have any questions, please contact DEQ at (225) 219-3181.

Date _____

Agency Interest No. AI _____

LWDPS Permit No. WP _____

NPDES/LPDES Permit No. LA _____

Please check:

- ☐ Initial Permit
- ☐ Permit Modification
- ☐ Permit Renewal
- ☐ Existing Facility

STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Environmental Services, Permits Division

Post Office Box 4313

Baton Rouge, La 70821-4313

PHONE#: (225) 219-3181

LPDES Permit Application to Discharge Oil Field Service and Associated Wastewaters

(Attach additional pages if needed.)

SECTION I - FACILITY INFORMATION

A. Permit is to be issued to the following: (must have operational control over the facility operations - see LAC 33:IX.2501.B and LAC 33:IX.2503.A and B).

1. Legal Name of Applicant/Owner
(Company, Partnership, Corporation, etc.) _____

Facility Name _____

Mailing Address _____

_____ Zip Code: _____

If applicant named above is not also the owner, state owner name, phone # and address.

_____

_____

Please check status: ☐ Federal ☐ Parish ☐ Municipal ☐ State ☐ Public ☐ Private ☐ Other: _____

2. Location of facility. Please provide a specific street, road, highway, interstate, and/or River Mile/Bank location of the facility for which the application is being submitted.

_____

City _____ Parish _____

Front Gate Coordinates:

Latitude- _____deg. _____min. _____sec. Longitude- _____deg. _____ min. _____sec.

Method of Coordinate Determination: _____

(Quad Map, Previous Permit, website, GPS)

Is the facility located on Indian Lands? ☐ Yes ☐ No

SECTION I - FACILITY INFORMATION (cont.)

3. Name & Title of Contact Person at Facility _____

   Phone _____ Fax _____ e-mail _____

   SIC (Standard Industrial Classification) Code(s): _____

   SIC codes can be obtained from the U. S. Department of Labor internet site at http://www.osha.gov/oshstats/sicser.html

B. Name and address of responsible representative who completed the application:

Name & Title _____

Company _____

Phone _____ Fax _____ e-mail _____

Address _____

C. Facility Information.

1. Facility Type _____
2. Water Discharge Permit Revision (if applicable): Describe the requested revision to the existing permit.

_____

_____

_____

3. Source of water supply in gallons per day. List each source giving quality such as fresh, brackish, salt, hard, or soft; and give breakdown as to how each source is used.

_____

_____

_____

4. Please list any materials manufactured, used, stored, or in any other way handled at this facility (including toxic materials):

_____

_____

_____

5. Give a brief description of the operations that take place at this facility:

_____

_____

_____

6. Has this facility experienced a reportable quantity spill in the last 10 years? If yes, please explain.

_____

_____

_____

_____

SECTION II - DISCHARGE INFORMATION

A. Stormwater – Complete the following for each stormwater discharge point (outfall).
(Make additional copies if necessary)
Number of stormwater
outfalls: _____

1. Provide the discharge identification. (ex: Outfall 001 – Stormwater Runoff)

_____

2. Give a brief description of the location of the stormwater runoff outfall and the area the stormwater originates from (acreage). For example; Outfall 001 consist of stormwater runoff from the main containment area and is located on the northeast corner of the facility.
NOTE: This descriptive location should correspond with the location indicated on the facility site map.

_____

_____

_____

3. Provide the Latitude/Longitude of the discharge:

Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

Method of Coordinate Determination: _____

(Quad Map, Previous Permit, website, GPS)

4. List any solid or liquid waste disposal methods and facilities:

_____

_____

_____

5. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

_____

_____

_____

6. Indicate how the stormwater reaches state waters (named water bodies). This will usually be either *directly*, by *open ditch* (if it is a highway ditch, indicate the highway), or by *pipe*. Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available.

By _____(effluent pipe, ditch, etc.);

thence into _____(Parish drainage ditch, canal, etc.);

thence into _____(named bayou, creek, stream, etc.);

thence into _____(river, lake, etc.).

SECTION II – DISCHARGE INFORMATION (cont.)

A. Stormwater (cont.)

Discharge Identification from 1. above: _____

7. Lab Analysis- Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. For stormwater discharges, indicate date, duration, of storm event sampled, total inches of precipitation, and number of hours since the end of the previous storm event which was greater than 0.1 inches. Provide analytical data for the following effluent characteristics for each stormwater runoff outfall. If a treatment method is used, provide analytical data after treatment.

Effluent Characteristic	**Discharge Testing Results**	
	Influent (prior to treatment)	Effluent (subsequent to treatment)
Flow (GPD)		
TOC (mg/l)		
Oil and Grease (mg/l)		
pH - (Standard Units)		

Is the effluent flow intermittent? _____ Yes _____ No

____Check here for a wavier on providing the following analytical data

Effluent Characteristic	**Discharge Testing Results**	
	Influent (prior to treatment)	Effluent (subsequent to treatment)
BOD_5 (mg/l)		
TSS (mg/l)		
NH_3-N (mg/l)		
Temperature (EC)		

SECTION II – DISCHARGE INFORMATION (cont.)

B. Sanitary Wastewater

If sanitary wastewater is not discharged to surface waters, please indicate the disposal method:

- ☐ Individual treatment system discharged through a septic tank to underground absorption lines
- ☐ Connection to Publicly Owned Treatment Works
- ☐ Connection to Privately Owned Treatment Works
- ☐ Other, please specify: _____

For sanitary wastewater discharges to surface waters, please provide the following information for each outfall.

Number of sanitary outfalls: _____

1. Discharge Identification (ex. Sanitary Outfall 002): _____
2. Give a brief description of the location of the sanitary outfall. For example, Outfall 002 consists of sanitary wastewater from the front office and is located on the east side of the facility.

   NOTE: This descriptive location should correspond with the location indicated on the facility site map.

   _____
3. List treatment method(s) used for the outfall:

   _____

   _____
4. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

   _____

   _____
5. Receiving Waters: Indicate how wastewaters listed in 1-5 above reach state waters (named water bodies). This will usually be either "directly", "open ditch" (if it is a highway ditch, indicate the highway), or by "pipe". Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available.

   By _____(effluent pipe, ditch, etc.);

   thence into _____(Parish drainage ditch, canal, etc.);

   thence into _____(named bayou, creek, stream, etc.);

   thence into _____(river, lake, etc.).
6. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION II – DISCHARGE INFORMATION (cont.)

B. Sanitary Wastewater (cont.)

Discharge Identification from 1. above: _____

7. Lab Analysis- Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each sanitary outfall. If a treatment method is used, provide analytical data after treatment.

Effluent Characteristic	**Discharge Testing Results**
	Effluent (subsequent to treatment)
Flow (GPD)	
BOD_5 (mg/l)	
TSS (mg/l)	
Fecal Coliform (colonies/100 mL)	
TRC *if chlorine is used*	
pH - (Standard Units)	

Is the effluent flow intermittent? _____Yes _____No

____Check here for a wavier on providing the following analytical data:

Effluent Characteristic	**Discharge Testing Results**
	Effluent (subsequent to treatment)
Oil and Grease (mg/l)	
NH_3-N (mg/l)	
Temperature (EC)	

SECTION II – DISCHARGE INFORMATION (cont.)

C. Cooling Tower Blowdown/Once -Through Non-Contact Cooling Water - Complete this part for each cooling tower blowdown or once through non-contact cooling water discharge point. (Make additional copies as necessary)

Number of cooling tower blowdonw/once-through non-contact cooling water outfalls: ____

1. Discharge Identification (ex. Cooling Tower Blowdown- 003): _____
2. Give a brief description of the location of the cooling tower blowdown or once-through non-contact cooling water outfall. For example, Outfall 003 is located on the northeast corner of the facility.

   NOTE: This descriptive location should correspond with the location indicated on the facility site map.

   _____

3. List treatment method(s) used for the outfall:

   _____

   _____

4. Provide the source of water supply:

   _____

5. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

   _____

   _____

6. Indicate how wastewaters listed in 1-5 above reach state waters (named water bodies). This will usually be either "directly", "open ditch" (if it is a highway ditch, indicate the highway), or by "pipe". Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available.

   By _____(effluent pipe, ditch, etc.);

   thence into _____(Parish drainage ditch, canal, etc.);

   thence into _____(named bayou, creek, stream, etc.);

   thence into _____(river, lake, etc.).

7. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION II – DISCHARGE INFORMATION (cont.)

C. Cooling Tower Blowdown/Once -Through Non-Contact Cooling Water (cont.)

Discharge identification from 1. above: _____

8. Lab Analysis- Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each sanitary outfall. If a treatment method is used, provide analytical data after treatment.

Effluent Characteristic	Discharge Testing Results	
	Influent (prior to treatment)	Effluent (subsequent to treatment)
Flow (GPD)		
Oil and Grease (mg/l)		
Temperature (EC)		
TDS (mg/l)		
COD (mg/l)		
TOC (mg/l)		
Chromium (Fg/l)		
Copper (Fg/l)		
Zinc (Fg/l)		
pH - (Standard Units)		

Is the effluent flow intermittent? _____Yes _____No

____Check here for a wavier on providing the following analytical data:

Effluent Characteristic	Discharge Testing Results	
	Influent (prior to treatment)	Effluent (subsequent to treatment)
BOD_5 (mg/l)		
NH_3-N (mg/l)		
TSS (mg/l)		

SECTION II – DISCHARGE INFORMATION (cont.)

C. Washwater - Complete this part for each washwater discharge point. Washwater includes, but is not limited to, wastewater generated from pressure or steam cleaning of equipment. Use a separate sheet for each discharge.

Number of washwater outfalls:_____

1. Discharge Identification (ex. Equipment Washwater - 003): _____
2. Give a brief description of the location of the washwater outfall. For example, Outfall 003 is located on the northeast corner of the facility.
   NOTE: This descriptive location should correspond with the location indicated on the facility site map.

   _____

3. List treatment method(s) used for the outfall:

   _____

   _____

4. Identify the type of equipment washed and whether it is internal or external cleaning:

   _____

   _____

   _____

5. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

   _____

   _____

6. Are any soaps, detergents and/or solvents used for cleaning? If yes, provide the name, quantity, and frequency of use. Attach the MSDS for each agent used.

   _____

   _____

7. Are any corrosion inhibitors used? If yes, provide the name, quantity, and frequency of use. Attach the MSDS for each agent used.

   _____

   _____

8. Indicate how wastewaters listed in 1-5 above reach state waters (named water bodies). This will usually be either "directly", "open ditch" (if it is a highway ditch, indicate the highway), or by "pipe". Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available.

   By _____(effluent pipe, ditch, etc.);

   thence into _____(Parish drainage ditch, canal, etc.);

   thence into _____(named bayou, creek, stream, etc.);

   thence into _____(river, lake, etc.).

9. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____

(Quad Map, Previous Permit, website, GPS)

SECTION II – DISCHARGE INFORMATION (cont.)

C. Washwater (cont.)

Discharge identification from 1. above: _____

8. Lab Analysis- Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each washwater outfall. If a treatment method is used, provide analytical data after treatment.

Effluent Characteristic	Discharge Testing Results	
	Influent (prior to treatment)	Effluent (subsequent to treatment)
Flow (GPD)		
Oil and Grease (mg/l)		
TSS (mg/l)		
COD (mg/l)		
Chromium (Fg/l)		
Lead (Fg/l)		
Zinc (Fg/l)		
pH - (Standard Units)		

Is the effluent flow intermittent? _____Yes _____No

____ Check here for a waiver on providing the following analytical data:

Effluent Characteristic	Discharge Testing Results	
	Influent (prior to treatment)	Effluent (subsequent to treatment)
BOD_5 (mg/l)		
NH_3-N (mg/l)		
Temperature (EC)		
TOC (mg/l)		

SECTION II – DISCHARGE INFORMATION (cont.)

D. Other Wastewaters

Complete this part for each wastewater discharge point that is not applicable to Parts A, B, and C of this Section. Use a separate sheet for each discharge.

Number of other wastewater outfalls: _____

1. Discharge Identification (ex. Wastewater 004): _____

3. Give a brief description of the location of the wastewater outfall and the area the wastewater originates from. For example, Outfall 004 consist of wastewater from the process area of the facility and is located on the northeast corner of the facility.

   NOTE: This descriptive location should correspond with the location indicated on the facility site map.

   _____

4. List treatment method(s) used for the outfall:

   _____

   _____

5. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

   _____

   _____

6. Receiving Waters: Indicate how wastewaters listed in 1-5 above reach state waters (named water bodies). This will usually be either "directly", "open ditch" (if it is a highway ditch, indicate the highway), or by "pipe". Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available.

   By _____(effluent pipe, ditch, etc.);

   thence into _____(Parish drainage ditch, canal, etc.);

   thence into _____(named bayou, creek, stream, etc.);

   thence into _____(river, lake, etc.).

7. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION II – DISCHARGE INFORMATION (cont.)

D. Other Wastewaters (cont.)

Discharge Identification from 1. above: _____

8. Lab Analysis- Provide analytical data for the following effluent characteristics for each wastewater outfall. If a treatment method is used, provide analytical data after treatment. If you believe that analytical data for any of the characteristics listed below does not need to be provided due to the type of wastewater, please contact the Permits Division.

Effluent Characteristic	Discharge Testing Results	
	Influent (prior to treatment)	Effluent (subsequent to treatment)
Flow (GPD)		
TSS (mg/l)		
COD (mg/l)		
TOC (mg/l)		
Chromium (Fg/l)		
Zinc (Fg/l)		
Lead (Fg/l)		
Temperature (EC)		
Oil and Grease (mg/l)		
pH - (Standard Units)		

Is the effluent flow intermittent? _____Yes _____No

____Check here for a wavier on providing the following analytical data:

Effluent Characteristic	Discharge Testing Results	
	Influent (prior to treatment)	Effluent (subsequent to treatment)
NH_3-N (mg/l)		
BOD_5		

SECTION II – DISCHARGE INFORMATION (cont.)

E. Laboratory Accreditation

If any of the analysis reported above were performed by a contract lab or consulting firm, provide the firm name, address, phone number and pollutants analyzed.

_____

_____

_____

Laboratory procedures and analyses performed by commercial laboratories shall be conducted in accordance with the requirements set forth under LAC 33:I.Subpart 3, Chapters 49-55.

Laboratory data generated by commercial laboratories that are not accredited under LAC 33:I.Subpart 3, Chapters 47-57, will not be accepted by the department. Retesting of analysis will be required by an accredited commercial laboratory.

Regulations on the Environmental Laboratory Accreditation Program and a list of labs that have applied for accreditation are available on the department website located at:

http://www.deq.state.la.us/laboratory/index.htm.

Questions concerning the program may be directed to (225) 765-2405.

SECTION III – SITE HISTORY

A. Date operations began at this site: _____

B. Is the current operator the original operator? ☐ Yes ☐ No

If **no**, give a reverse chronological list of previous operators. Include the company name and telephone number (if available), and the dates through which the company operated this facility.

Company	Dates of Operation		Telephone Number
	From	To	

C. Please provide the following information with your application:

Biological Toxicity tests within the last three years

SECTION IV – LAC 33.I.1701 REQUIREMENTS

A. Does the company or owner have federal or state environmental permits identical to, or of a similar nature to, the permit for which you are applying in other states? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)

☐ Permits in Louisiana. List Permit Numbers: _____

☐ Permits in other states (list states): _____

☐ No other environmental permits.

B. Do you owe any outstanding fees or final penalties to the Department? ☐ Yes ☐ No

If yes, please explain. _____

_____

C. Is your company a corporation or limited liability company? ☐ Yes ☐ No

If yes, attach a copy of your company's Certificate of Registration and/or Certificate of Good Standing from the Secretary of State.

SECTION V – COMPLIANCE HISTORY

Report the history of all violations and enforcement actions for the facility, a summary of all permit excursions including effluent violations reported on the facility's Discharge Monitoring Reports (DMRs) and bypasses for the last three years. Using a brief summary, report on the current status of all administrative orders, compliance orders, notices of violation, cease and desist orders, and any other enforcement actions either already resolved within the past 3 years or currently pending. The state administrative authority may choose, at its discretion, to require a more in-depth report of violations and compliance actions for the applicant covering any law, permit, or order concerning pollution at this or any other facility owned or operated by the applicant.

SECTION VI – MAPS/DIAGRAMS

A. Site Diagram. Attach to this application a complete site diagram of your facility demonstrating how the wastewater flows through your facility into each clearly labeled discharge point (including all treatment points). Indicate stormwater flow pattern on this diagram or provide additional diagrams if needed. Please indicate the location of the facility and the front gate or entrance to the facility on the site diagram.

B. Topographic Map. Attach to this application a map or a copy of a section of the map which has been highlighted to show the path of your wastewater from your facility to the first named water body. Include on the map the area extending at least one mile beyond your property boundaries. Indicate the outline of the facility, the location of each of its existing and proposed discharge structures, and any existing hazardous waste treatment storage or disposal facilities.

A U.S.G.S. 1:24,000 scale map (7.5' Quadrangle) would be appropriate for this item. Appropriate maps can be obtained from local government agencies such as DOTD or the Office of Public Works. Maps can also be obtained online at www.map.ldeq.org or www.topozone.com. Private map companies can also supply you with these maps. If you cannot locate a map through these sources you can contact the Louisiana Department of Transportation and Development at:

1201 Capitol Access Road
Baton Rouge, LA 70802
(225) 379-1107
maps@dotd.louisiana.gov

According to the Louisiana Water Quality Regulations, LAC 33:IX.2503.B, the following requirements shall apply to the signatory page in this application:

Chapter 25. Permit Application and Special LPDES Program Requirements

2503. Signatories to permit applications and reports

A. All permit applications shall be signed as follows:

1. For a corporation - by a responsible corporate officer. For the purpose of this Section responsible corporate officer means:

(a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or

(b) The manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

2. For a partnership or sole proprietorship - by a general partner or the proprietor, respectively; or

3. For a municipality, parish, State, Federal or other public agency - either a principal executive officer or ranking elected official. For the purposes of this Section a principal executive officer of a Federal agency includes:

(a) The chief executive officer of the agency, or

(c) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA).

B. All reports required by permits, and other information requested by the state administrative authority shall be signed by a person described in LAC 33:IX.2503.A, or by a duly authorized representative of that person. A person is a duly authorized representative only if:

1. The authorization is made in writing by a person described in LAC 33:IX.2503.A.

2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as a position of plant manager, operator of a well or well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position); and

3. The written authorization is submitted to the state administrative authority.

C. Changes to authorization. If an authorization under LAC 33:IX.2503.B is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of LAC 33:IX.2503.B must be submitted to the state administrative authority prior to or together with any reports, information, or applications to be signed by an authorized representative.

D. Any person signing any document under LAC 33:IX.2503.A or B shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

SIGNATORY AND AUTHORIZATION

Pursuant to the Water Quality Regulations (specifically LAC 33:IX.2503) promulgated September 1995, the state permit application must be signed by a responsible individual as described in LAC 33:IX.2503 and that person shall make the following certification:

> "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

The applicant for this permit hereby authorizes the Department of Environmental Quality to publish the public notice for a draft permit once in the appropriate newspaper(s). In accordance with LAC 33:IX.6521.A, the applicant agrees to be responsible for the cost of publication. The newspaper(s) is authorized to invoice the applicant directly.

Signature _____

Printed Name _____

Title _____

Date _____

Telephone _____

CHECKLIST

To prevent any unnecessary delay in the processing of your notice of intent to be covered under the general permit, please take a moment and check to be certain that the following items have been addressed and enclosed:

1. ALL questions and requested information have been answered (N/A if the question or information was not applicable).
2. ALL required maps, drawings, lab analysis, and other reports are enclosed.
3. The appropriate person has signed the signatory page.
4. Please forward the original and two copies of this application and all attachments.

ANY APPLICATION THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION WILL BE CONSIDERED INCOMPLETE. APPLICATION PROCESSING WILL NOT PROCEED UNTIL ALL REQUESTED INFORMATION HAS BEEN SUBMITTED.

NOTE: UPON RECEIPT AND SUBSEQUENT REVIEW OF THE APPLICATION BY THE PERMITS DIVISION, YOU MAY BE REQUESTED TO FURNISH ADDITIONAL INFORMATION IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.